



05/15/2007 HDRESS2 00000011 500479 108/5355

PART B - FEE(S) TRANSMITTAL

01 FC:1501 1400.00 DA
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
Anthony J. Clark
(Signature)
5/14/2007
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/825,355	04/14/2004	Aurelia Haller	7682-11-992	8632

TITLE OF INVENTION: RECOMBINANT PARAINFLUENZA VIRUS EXPRESSION SYSTEMS AND VACCINES

NS400D1

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	05/16/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
SALIMI, ALI REZA	1648	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 MedImmune Vaccines,
Inc.2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MedImmune Vaccines, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Mountain View, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500479 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 5/14/07

Typed or printed name

Michelle Holmes-SonRegistration No. 47,660

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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To: Issue Fee- Commissioner for Patents-United States
Company:
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From: Clark, Audrey
Company: MedImmune, Inc.
Phone: 84189
Fax: 301-398-9189

Time & Date: Monday, May 14, 2007 3:09:32 PM
Total Pages 04
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Message:

Part B - Fees Transmittal (PTOL-85) (in duplicate)

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MedImmune, Inc.

Fax Cover Sheet

To: Issue Fee**Company:** COMMISSIONER FOR PATENTS
UNITED STATES PATENT &
TRADEMARK OFFICE**Phone:****Fax:** 571-273-2885**From:** Audrey J. Clark**Company:** MedImmune, Inc.**Phone:** (301) 398-4189**-Fax:** (301) 398-9306**Date:** May 14, 2007**Pages including this
cover page:** 3**Re:** Application No.: 10/825,355

Filing Date: April 14, 2004

Inventors: Haller, Aurelia et al.

Title: Recombinant Parainfluenza Virus Expression Systems And Vaccines

Attorney Docket: NS400D1

Attached: Part B – Fee(s) Transmittal (PTOL-85) (in duplicate)

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